

APR 07 2003 Please type a plus sign (+) inside this box →

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

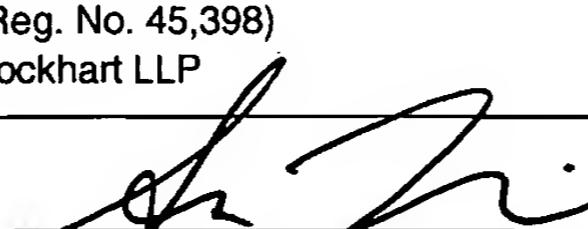
(to be used for all correspondence after initial filing)

		Application Number	10/626,810
		Filing Date	July 24, 2003
		First Named Inventor	LOWREY
		Group Art Unit	3663
		Examiner Name	R. Mancho
Total Number of Pages in This Submission		Attorney Docket Number	0307091.0155

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard IDS References Form PTO/SB/08
Remarks		

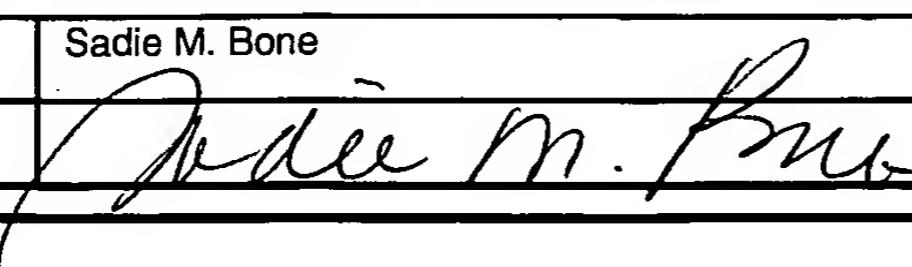
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Sung T. Kim (Reg. No. 45,398) Kirkpatrick & Lockhart LLP
Signature	
Date	4/3/06

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Asst. Comm'r for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this date:

4-4-06

Typed or printed name	Sadie M. Bone		
Signature		Date	4-4-06



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: LOWREY et al.

Group Art Unit: 3663

Application No.: 10/626,810

Examiner: R. Mancho

Filed: July 24, 2003

Atty. Dkt. No. 0307091.0155

Title: **INTERNET-BASED VEHICLE-DIAGNOSTIC SYSTEM**

* * * * *

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Sir:

Attached is Form PTO/SB/08 listing the enclosed documents. Citation of a document does not necessarily constitute an admission that the document is prior art to the present application.

This Information Disclosure Statement is intended to be in full compliance with the rules, but should the Examiner find any part of its required content to have been omitted, prompt notice to that effect is earnestly solicited, along with additional time under Rule 97(f), to enable applicants to comply fully..

Applicants submit that this Information Disclosure Statement is being filed before the mailing of a first Office Action after the filing of a request for continued examination under Rule 1.114. Therefore, no fee is believed to be due under Rule 97. Although no fee is believed due at this time for submission of the Information Disclosure Statement, please apply any necessary fees due, or credits owed, to Deposit Account No. 50-1721.

Consideration of the foregoing and the return of a copy of the enclosed Form PTO/SB/08 with the Examiner's initials in the left column per MPEP §609, along with an early action on the merits of this application are earnestly solicited.

Respectfully submitted,



Sung T. Kim
Reg. No. 45,398
(202) 778-9419

Date: 4/3/06

Kirkpatrick & Lockhart Nicholson Graham LLP
1601 K Street, N.W.
Washington, DC 20006
(202) 778-9000
Fax: (202) 778-9100



APR 07 2006

PTO/SB/08A (10-01)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO		<i>Complete if Known</i>	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>		Application Number	10/626,810
		Filing Date	July 24, 2003
		First Named Inventor	LOWREY
		Art Unit	3663
		Examiner Name	R. Mancho
Sheet	1	of	1
		Attorney Docket Number	0307091.0155

U.S. PATENT APPLICATIONS					
Examiner Initials*	Cite No. ¹	Document Number	Filing Date	Name of Applicant(s)	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number - Kind Code ² (if known)	MM-DD-YYYY		

OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	
T ²			
		Definition of "Chipset", Wikipedia. http://en.wikipedia.org/wiki/Chipset . February 23, 2006.	

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.